

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

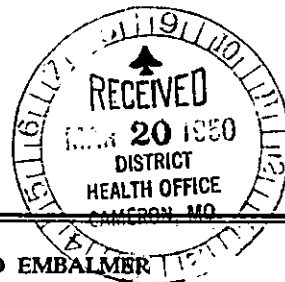
8253

State File No.

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5450		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miller</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miller</u>		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Gentryville</u>				d. STREET ADDRESS (If rural, give location) <u>Rural - Gentryville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cleo</u>		b. (Middle) <u>Curtis</u>		c. (Last) <u>Thatcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8 - 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 2 - 1916</u>	
9. AGE (In years last birthday) <u>33</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles Thatcher</u>		13b. MOTHER'S MAIDEN NAME <u>Luella Thatcher</u>		14. NAME OF HUSBAND OR WIFE <u>Carmen Hunsucker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cleo Thatcher - Albany</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measles.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Total Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> <u>0851</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>50</u> , to <u>3-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>50</u> , and that death occurred at <u>4 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles N. McLean</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>3-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 16 - 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Brown</u>		ADDRESS <u>Albany Mo</u>	

(Licensed Embalmer's Statement or Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision. -

Student
Student Embalmer

Signed Chas. B. Brook

Licensed Embalmer No. 3329

P. O. Address Albany, Mo

Note: --The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.